

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on September 30, 2003.

I. DISPUTE

Per the table submitted it is unclear what exactly is in dispute. According to Texas Workers' Compensation Commission Rule 133.307 (f), the request must be legible, must contain only a single copy of each document, and must include: (1) An explanation of the disputed fee issues; (2) Proof of employee payment for the health care for which the employee is requesting reimbursement (include receipts of payment made); and (3) A copy of any EOB relevant to the dispute, or, if no EOB was received, convincing evidence of carrier receipt of employee request for reimbursement. Reimbursement is not recommended.

II. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 06th day of January 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

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